

## **Corrective Action Form Implementation and Outcomes**

ID#                      Event Date:                      Dept.:

Short Term                       Long Term

### **1. Implementation of Changes** (include description of change, date of change)

Recorded by:                      Date:

### **2. Follow-up and Outcomes** (Were the changes effective or do they need to be re-assessed?)

Recorded by:                      Date:

### **3. Additional Comments**

Recorded by:                      Date:

### **4. Review**

**Laboratory Division Director / date:** \_\_\_\_\_  
**Comments:**

**Quality Assurance Manager / date:** \_\_\_\_\_  
**Comments:**

**Quality Assurance Director / date:** \_\_\_\_\_  
**Comments:**

**Laboratory Director / date:** \_\_\_\_\_  
**Comments:**